



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS
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EMPLOYMENT VERIFICATION FORM

For Structural Engineer Applicants

To the Applicant:

In accordance with the requirements of Board Rule 426.12, if you are claiming experience involving the checking of structural engineering plans and calculations, you must have one of these forms completed by your employer, who is a licensed structural engineer, for each period of employment, which you are claiming as qualifying experience.

This form is also used when the reference is unable to verify the period of time you claiming, e.g. utilization of an interview panel. Your employer, who may or may not be a licensed professional engineer, must complete this form for each period of time you are claiming. If your reference is able to verify the period of employment that you are claiming and is a licensed structural engineer who has passed the Western States Structural examination, you do not need to complete or submit this form.

This form may be photocopied for use as needed.

To the Employer:

Please complete the form on Page 2, verifying the applicant's employment. All of the items of information must be supplied. **FAILURE TO PROVIDE ANY OF THE REQUIRED INFORMATION MAY RESULT IN THE APPLICANT'S APPLICATION BEING REJECTED AS INCOMPLETE.**

Since employment information must be accurate, you should have this form completed by your personnel officer/payroll clerk before you sign it and certify to the information.

When it is complete, please mail it to the Board in the envelope provided by the applicant.

EMPLOYMENT VERIFICATION FORM - SE Application

This portion of form to be completed by the applicant.

APPLICANT'S NAME: _____

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

NAME OF FIRM (FOR WHICH EMPLOYMENT IS BEING VERIFIED): _____

ADDRESS: _____

THIS PORTION OF THE FORM TO BE COMPLETED BY EMPLOYER.

This certifies that to the best of my knowledge and as indicated in the records of this office, the above-named person worked for the above-named firm for the following periods:

MO.			DAY			YR.			FULL TIME (40 hr/week)		PART TIME		PROFESSIONAL LEVEL YES NO	
From	____	/	____	/	____	____	/	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
From	____	/	____	/	____	____	/	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
From	____	/	____	/	____	____	/	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
From	____	/	____	/	____	____	/	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

During his/her employment, the above-named applicant was under the direct supervision of:

Name of Supervisor: _____

Position in firm at the time of applicant's employment: _____

Phone Number: _____

Supervisor's Registration/License No.: _____

Branch or discipline in which supervisor is registered/licensed: _____

Signature: _____

Print Name: _____

Position in Firm: _____

Date: _____